



Inquiry: Menopause and the workplace

IOSH response – Call for Evidence

WE'VE LAUNCHED AN INQUIRY

Menopause and the workplace

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WOMEN AND EQUALITIES COMMITTEE



Women and Equalities Committee

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1. Introduction

1.1 About the Institution of Occupational Safety and Health (IOSH)

The Institution of Occupational Safety and Health (IOSH), the Chartered body for occupational safety and health professionals, with approximately 47,000 members in more than 130 countries, has a vision of 'A safe and healthy world of work'. We are pleased to provide feedback to the UK Parliament – Women and Equalities Committee as part of the call for evidence on menopause and the workplace.

As an international non-profit organisation, IOSH influences important decisions that affect the safety, health and wellbeing of people at work worldwide; that consider human capital impacts related to occupational safety and health, and the ability of governments and employers to foster supportive workplace cultures.

We collaborate with governments, advise policymakers, commission research, set standards, engage with organisations such as the International Commission on Occupational Health (ICOH) and run high-profile campaigns to promote awareness of occupational safety and health (OSH) issues.

The IOSH Policy and Regulatory Engagement function provides a strong foundation for key policy responses and public policy initiatives that focus on the crucial role of OSH. On the specific topic of women's health our previous response to the Women's Health [Strategy](#) advocated for increasing the visibility of women's occupational health, work-related health and wellbeing including improvements in gender differences and gender-based data associated with working conditions and health. We also recommended placing a stronger focus on workplace exposures that have the potential to negatively affect women's reproductive health (e.g. sexual functioning, menstrual health, fertility, pregnancy, breastfeeding, cancers) and menopause (1).

In response to this Call for Evidence, IOSH has provided evidence across a series of questions detailed within the Terms of Reference. The questions are visible as headings within Section 3 of this report. Our key recommendations are detailed within the Summary (Section 2) below.

1.2 Our reason for submitting evidence: What is menopause and why the concern?

Worldwide there are an estimated 657 million women aged 45-59, around half of whom work during their menopausal years (2), and these numbers will increase (3) as society demands people work longer. Menopause is defined as the end of the female reproductive function (4; 5) and usually occurs between the ages of 44 and 55 years (6) with an average age of 51 (2). It can be experienced earlier in life as early onset menopause or as the result of chemotherapy-, pharmacologically- or surgery induced menopause (2), and is preceded by the peri-menopause which can last anything from 2 to 10 years (5). The menopause and its transition account for a significant period of a woman's working career and at a time when she may be reaching or be at her peak. Despite being a natural physiological process, it is associated with a wide variety of physical symptoms (e.g. hot flushes, sleep disorders, night sweats, palpitations, increase in blood pressure, and osteoporosis (4; 3; 7; 8)) as well as psychological symptoms (e.g. mood disorders, depression, difficulties concentrating (3; 9)), which have the potential to negatively impact work ability. The effects of these symptoms include a reduced ability to learn new tasks, difficulty paying attention to detail, and poor memory (10) all of which can negatively impact work productivity and quality. In an Italian study only 12% of women were asymptomatic (4) creating the scenario where the majority of peri- and menopausal women will be affected to varying degrees by the menopausal transition. It is estimated as many as a quarter of menopausal women will experience severe symptoms negatively impacting their ability to retain normal performance at work (6; 3). Symptoms bothering women the most include hot flushes, sleep disorders, night sweats, arthralgia, osteoporosis, and cardiovascular disease (8). Geukes et al (11) found the odds for reporting low work ability are eight times greater for women suffering from menopausal complaints compared to women not experiencing such discomfort, which represents a significant percentage of workers, highlighting the need to address these symptoms in the workplace.

A report from the Work Foundation (12) concluded that under-recognised health conditions affect women's productivity in the workplace, damaging their careers and potential to grow. Even though more than 50% of the working population is comprised of female workers, women's health issues such as endometriosis, infertility, complications during pregnancy and the needs of menopausal women remain poorly recognised, a taboo subject (3; 13; 11) and under-researched in the workplace (14; 13; 15).

In 2018, the Office of National Statistics reported 14 million lost workdays in the UK due to menopause (6). The impacts on industry include decreased productivity, increased absence, presenteeism and associated healthcare costs (16; 15). In addition, as many as 52% of woman consider leaving employment consequent to the symptoms they experience (5), threatening a further loss of skill,

knowledge and expertise. The number of menopausal working women will escalate, making it imperative for employers to manage the associated health risks at work.

This is of importance to IOSH, our vision of a safe and healthy world of work, and to the occupational safety and health profession as we work to protect employees at work through good OSH management, principles and practice. This includes, but is not limited to, ensuring compliance in relation to health, safety and welfare; risk assessment; the identification and implementation of preventative and proportionate risk-based control strategies; and covering occupational risks or risk factors which can exacerbate pre-existing conditions. In addition, the profession supports employees to work, remain in work, and return to work.

In addition to The Equality Act 2010, we are particularly interested in the health and safety legal requirements, with reference to the following:

- The Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999
- Workplace (Health, Safety and Welfare) Regulations 1992

2 Summary

There are 657 million women aged 45–59 worldwide, of whom 50% are employed and potentially impacted by issues of menopause at work. Those numbers will continue to rise, with about a quarter of the world's female population experiencing this biological transition by 2030. Globally, menopause-related productivity losses could amount to more than \$150 billion a year.

IOSH believes this is a unique opportunity for the UK Parliament Women and Equalities Committee to lead the way in promoting the development of more empathic work cultures and menopause-friendly workplaces to achieve a much-needed level playing field for women at work. Our response supports the emerging evidence that the effective management of menopausal transition as a specific work-related concern through fit-for-purpose government policies and workplace practices can result in positive benefits in workforce productivity, better work culture, and more importantly in the bottom line.

With that in mind, we actively encourage governments and businesses to better support menopausal women as part of a holistic organisational approach to employee health and wellbeing that relies on age and gender-appropriate risk assessments to make suitable adjustments to the physical and psychosocial work environment, the provision of information and support, and training for individuals occupying key functions such as line managers. We also recommend the development of sound

occupational safety and health and occupational health practices, policies, procedures and programmes that are age- and gender-appropriate.

3. Call for Evidence: IOSH Response

3.1 What is the nature and the extent of discrimination faced by women experiencing the menopause? How does this impact wider society?

Workplace practices have historically struggled to embed a gender-sensitive approach to OSH, negatively impacting their ability to build healthy and equitable workplaces for women and men. Women represent a talented and experienced cohort of the working population, yet despite the number of women affected by menopausal symptoms most workplaces are silent on these health concerns and many managers lack adequate knowledge to address the work-related issues (6). Even occupational medical practitioners acknowledge that menopause is a taboo subject in the workplace and that their knowledge of how to manage menopausal health in the context of work is insufficient (11).

Women believe managers have a negative perception of menopause, labelling menopausal women as weak, incompetent, unstable and depressed (13), that managers are silent on menopause issues at work (17; 9), and that women lack management support in coping with symptoms which often leads to their ideation of leaving employment (14). Women do not feel confident to disclose their menopausal status to managers (18). Cited reasons for non-disclosure include the fact they often report to younger managers who may also be male, causing embarrassment (9; 11), as their managers lack awareness and knowledge and have negative attitudes towards menopause (6; 9). For fear of stigmatisation and discrimination, many women are unable or unwilling to request accommodations in the workplace that might make work easier, and many have taken time off work and not cited menopause as the real reason (9). Personal coping strategies women adopt to cope with their symptoms in the workplace include: psychological (making light of matters); social (talking with other women); informational (increasing knowledge of menopause); practical (double-checking work, making notes/lists); organisational (changing working hours, flexibility); and changing health behaviours (exercise, sleep, diet) (9). It is these additional efforts that improve the perception of their work performance but often to the detriment of their health. Certainly, menopausal women find explaining and managing hot flushes at work a uniquely awkward and embarrassing task, even when other symptoms can be more disruptive (9).

Governments, trade unions and employers have recognised the need to address issues concerning menopause and work through the adoption of 'menopause at work' policies (19). These policies provide women employed in the formal economy with protection and security. However, there are many women

employed in more precarious work settings such as casual work, informal, sessional and the so-called grey economy who do not enjoy these protections (19). The 'gig economy' has seen an increase in casual work in the traditionally working class and female-dominated sectors (19). The experiences of women in the casual economy differ from those of women in full-time employment in so much as casual workers cite musculoskeletal symptoms of joint and muscle stiffness, aches and pains, particularly in the legs, back, shoulders and neck as the commonest and worst symptoms causing them to seek less physically demanding work, whereas women in full time employment cited hot flushes as their main concern (19), creating an understanding of the diverse approaches needed to manage menopause in the workplace. Menopausal women in lower-paid and more manual jobs experience significantly more psychological symptoms than women in higher status 'white collar' jobs (19). Casual work is not necessarily detrimental to the health of menopausal women but rather influences their experience of symptoms and how these should be managed.

Much of the research conducted into menopause in the workplace has explored urban private high-skilled jobs (14). More research is required to explore and better understand issues in minority ethnicities, non-urban settings, precarious, informal and casual employment (19; 14). These sectors are currently marginalised in relation to our understanding of their needs.

3.2 How can businesses factor in the needs of employees going through the menopause? What are examples of best or most inclusive practices?

IOSH supports the key outcomes of the most recent review of this topic covered by the Government's Equality Office *Menopause transition: effects on women's economic participation* report (20), that recommended interventions geared towards '*changing organisational cultures, compulsory equality and diversity training, providing specialist advice, tailored absence policies and flexible working patterns for mid-life women*'.

Women's experiences of menopause in the workplace are bi-directional as menopausal symptoms can impact a women's experiences of work and work factors can exacerbate menopausal symptoms. (2; 10). Aspects of the workplace shown to impact menopausal experiences include both physical and psychosocial characteristics of the working environment (2).

Physical factors in the workplace such as ventilation, temperature, access to cold water, ablutions and rest areas have a negative effect on ability to work as they impact comfort and exacerbate symptoms (17). Having control over these factors has been shown to have a positive impact on work ability (21). Other factors such as exposure to toxins and chemicals in the workplace and certain occupations (i.e. health workers, metal industry workers and those performing intense manual labour) are associated

with an increased risk of early onset menopause (22). Physical workplace factors are largely modifiable, such as opening windows to improve ventilation, and desk fans and air conditioning to control temperature.

The impact of psychosocial factors is more diverse in nature and has both negative and positive influences. The negative impacts exacerbating symptoms include perceived lack of job skill discretion and job autonomy (3; 17), lack of management support (14; 3), an inhospitable organisational culture (13) and family-work conflict (3). Positive impacts on work ability include a supportive work culture where women are felt to be heard and where they can express their concerns (3; 13), higher supervisor support (21), organisations where management pay attention to women's health issues through a health-wise culture (3) and the ability to adopt flexible working hours and hybrid working models e.g. working from home (7). It must also be stated that working from home is sometimes considered a negative influence as women then have reduced contact with supportive managers and limited access to occupational health services (7). Research has demonstrated that women are often unable to address psychosocial factors such as negotiating working hours (9) but where this is possible and they have control over the physical workplace e.g. temperature, there is reduced reporting of menopausal symptoms (21). Aspects of both the physical and psychosocial work environment, many of which are modifiable, shape menopausal experience, just as menopause symptoms affect work (2).

Managers need to understand the symptoms of menopause and its transient nature (21; 3) and have open discussions with women (3). A workplace champion should be identified who can support all levels of employees in a confidential manner while providing the link between management and worker where necessary (23).

Responsible business practices to best support menopausal women as part of a holistic approach to employee health and well-being include risk assessments to make suitable adjustments to the physical and psychosocial work environment, provision of information and support, and training for line managers. To this extent, employers should:

- Use a gender-based approach when developing and implementing a workplace policy, programme or practice. This can be done by ensuring that the management of menopause is firmly integrated in existing policies instead of producing a separate menopause policy (14; 23).
- Consider practices and environments within the workplace that may put the health and safety of menopausal women at risk (24) and/or may be considered discrimination against workers experiencing menopause.

- Ensure risk assessment processes are in place that consider specific risks to menopausal women and identify reasonable adjustments for the individual. The risk assessment should comply with legal requirements and consider physical environment and psychosocial risks. Ensure competency to undertake risk assessments as per the process, which may be through managers or others, such as occupational health and health and safety professionals, depending on the level of support, advice, guidance, or recommendation required. For the risk assessment process, it may be necessary to commission competent and knowledgeable professionals to conduct health risk assessments designed to identify physical and psychosocial factors that have the potential to impact women's work experiences. It is then essential that the outcomes and recommendations from these assessments are implemented to mitigate risk and kept under regular review with the employee.
- Eliminate practices that perpetuate a gendered ageism culture in the workplace (e.g. by monitoring and cutting at the root sexist and ageist stereotypes or attitudes).
- Working towards the objective of an enabling working environment (25) to support women, and those who manage them through the menopausal transition period.
- Developing awareness, training and education strategies that raise understanding of the menopause, associated symptoms, impact on work, potential solutions and communication skills around having the conversation.

Organisations should therefore ensure they have supportive cultures and effective policies that educate managers, supervisors, occupational health professionals and the general workforce about the menopause (5). Women should be able to access evidence-based advice and healthcare and be able to share experiences. Organisations may also provide financial support for resources that allow menopausal women to self-monitor symptoms e.g. blood pressure monitors (2).

3.3 How can practices addressing workplace discrimination relating to menopause be implemented? For example, through guidance, advice or adjustments

Very few employers are talking about menopause in relation to their workplace policies and procedures, and how they might best support women, and those responsible for their health and safety at work, transitioning through menopause. For that reason, employers need to be sensitive to shifts in physical and mental health that women may experience during menopause (26). Recommendations to improve the experiences of menopausal women include:

- Ensuring that health risk assessments are conducted in the workplace that focus on the physical and psychosocial risks in the workplace (17; 19) and that the outcomes are implemented and reviewed.
- Following the advice from OSH professionals based on the outcomes of age-sensitive health risk assessments. These normally consider age-related characteristics of different age groups, including potential changes in functional capacities and health status. Apart from following a risk-based approach to the management of specific needs of menopausal women it is also necessary to improve and incorporate the advice from occupational health professionals to strengthen existing policies and practices. As the occupational health profession has the ability to anticipate and monitor health outcomes of women, such as work-related exposures as they relate to issues such as fertility, menstruation, menopause and breast cancer, special attention needs to be placed on their capability and competence in addressing the menopause as employers will often need to rely on occupational health for medical input (27).
- Considering if the physical working environment is compliant with regard to health, safety and welfare requirements, being fit for purpose, etc. This is important as hazards within the physical working environment, such as high temperatures, poor ventilation, working in confined spaces, excessive crowding, and insufficient rest areas, can all contribute to an environment that is problematic for menopausal women. Workplace adjustments or modifications can prevent and or mitigate these factors.
- Reviewing the work attire/uniforms and personal protective equipment (23; 28) and adapting as necessary any fabrics that generate heat and do not allow for adequate absorption exacerbating symptoms.
- As older workers are a growing sector of the working population, the management of occupational safety, health and wellbeing considerations need to be prioritised within business practices, and particularly in relation to female workers who will be impacted by the menopause during those working years. Monitoring the projected age distribution of the workforce will enable employers to be proactive and anticipate the needs of their employees, avoiding a reactive approach to age-related health issues. In this way the skills that women bring to the workplace will be retained.
- Providing relevant training on the bi-directional influence of menopause and work, which will provide those with a managerial remit within the organisation the awareness, knowledge and understanding needed to support women during this phase (13; 17). Employers should ensure

that not only managers and supervisors but also those with a people-facing function have been trained to be aware of this bi-directional influence, the implications for occupational safety and health, and what adjustments may be necessary to support women who are experiencing the menopause (29; 19) training of these managers should include improving communication skills so they are better able to have these frank discussions with women (30; 17; 28).

- Developing more inclusive and supportive workplace cultures and managerial styles that make women feel comfortable disclosing symptoms or requesting adjustments if required.
- Revising current policies and practices to better reflect women's needs during the menopause and ensure they explain corporate intent, are easily understood and provide role clarity (17). Consider how existing policies and procedures cater for the psychosocial needs of menopause-related issues e.g. sickness absence and medical appointments (31), flexible working hours, (13; 28) work patterns and hybrid models of working (23). It is recommended that the sickness absence management policy is fair and non-discriminatory and ensures that women are not disadvantaged because of issues relating to the menopause (e.g. discrimination that could occur as part of performance management processes or selection for career progression, redundancy and so on).

3.4 What further legislation is required to enable employers to put in place a workplace menopause policy to protect people going through the menopause whilst at work?

Menopause legislation is currently covered by:

- The Equality Act 2010 – under the protected characteristics of age, sex and disability discrimination,
- The Health and Safety at Work Act 1974 - requires employers to ensure the health, safety and welfare of employees
- The Management of Health and Safety at Work Regulation – which places a duty for assessment of risk.

It is through these requirements, and risk assessment, that specific hazards and risks arising out of or in connection to the work activity are identified and this includes identifying groups who might be at particular risk. This therefore applies to all workers including women experiencing menopause symptoms. Other legislation is also in place to support the implementation of welfare requirements, equipment provision, etc. in relation to legal requirements, outcome of risk assessment and reasonable adjustments.

Gender-sensitive occupational health and safety legislation also covers the mechanisms for handling discrimination-related issues in relation to menopause. Gender-specific health issues at all stages of a women's lives need to be considered and enforced as a protected characteristic requiring strengthened enforcement of existing legislation rather than the development of new laws.

There is a lack of government guidance on the bi-directional impact of menopause and work. Occupational Health practitioners have voiced the concern that they are often unable to guide management in terms of what work a woman experiencing menopause can do (11) and the need for such a guide to assist them when making recommendations for placement or reasonable adjustments. Guidance based on scientific evidence needs to be developed to provide managers and Occupational Health professionals with the knowledge necessary to support and protect these women. This evidence and knowledge should cover the range of symptoms, impacts and support options, for which employees, managers, Occupational Health and occupational safety and health professionals should be briefed and informed on. This should be accompanied by clear guidance on the role of the manager.

3.5 How effectively is the Government Equalities Office working across Government to embed a strategic approach to addressing the impact of menopause in the workplace?

As stated in our response to the *Women's Health Strategy consultation*, we welcome initiatives like this that recognise the importance of taking account of gender differences in the workplace and the effective management of gender-specific health issues in addition to other key areas of action, such as pregnancy, maternity and new mothers.

This is also a great opportunity for the Government Equalities Office to develop a strategic approach of a more inclusive nature by including the perspectives and complexities of women from BAME backgrounds, from Asian and other minority ethnic backgrounds, and working women aged over 50 years who tend to be under-represented in this type of consultative exercise. There is a need to better understand the needs of under-represented female workers to ensure future policy developments or strategies that work for all women.

Health promotion campaigns should start being directed at a much earlier age rather than when a woman gets to this stage of her life. It has been shown that women are poorly prepared for this life transition (8) and better management of health before the menopause can prevent some of the more severe side effects such as cardiovascular diseases (8). Through better awareness and education campaigns women can prepare themselves for this phase of their lives and will be better equipped to manage the psychosocial issues associated with work.

Trans men and women are a group that has been neglected as they may also experience a natural or surgical menopause, depending on ovarian retention and use of hormone therapy, and this can exacerbate experiences of exclusion or discrimination in a work setting (2).

Conclusions

Our response helps in building the policy and business case around the promotion of more empathic work cultures and the promotion of menopause-friendly workplaces to achieve a much-needed level playing field for women at work. While more studies are still needed to determine what specific interventions or policies in the workplace might make remaining in the job easiest for women during menopause, in particular women from disadvantaged groups, there is a need for the adoption of fit-for-purpose policy developments and incentives to require employers to better protect women going through this form of discrimination while at work.

At the same time, we encourage the Government and employers to approach menopause in the workplace with a more holistic view that puts the spotlight on the recognition that this is a priority for women of working age (especially as we continue to work longer) and that there are requirements in place that must be complied with to support those workers. For employers, this is about providing effective management policy and practices, practical support and the adoption of a positive workplace culture of an open nature for those experiencing symptoms rather than solely focusing on superficial initiatives (e.g. development of a specific policy on menopause). We also recommend the development of sound occupational safety and health and occupational health practices, policies, procedures and programmes that are age- and gender-appropriate.

As a credible international NGO, IOSH would be very pleased to provide further input at future awareness and engagement opportunities (oral evidence session, roundtables with the minister and/or regular engagement with key stakeholders).

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